

Pain Management Coding Alert

Reader Question: Follow Up on V58.69 Denial for Urine Drug Screening

Question: Insurance companies have been denying our claims for new patient urine drug screens when we submit V58.69, despite the patient taking pain medication prior to his or her new patient appointment. What would be the recommended code to use for reimbursement when billing for a new patient baseline urine drug screen?

Tennessee Subscriber

Answer: ICD-9 does not provide a specific code for urine drug screening, which means your choice might not be as accurate as you'd like. For reference purposes, several Medicare Local Coverage Determinations (LCDs) and currently drafted Medicare policies include V58.69 (Long term [current] use of other medications) as an acceptable diagnosis for a urine drug screening.

Some non-Medicare policies request that you report the patient's underlying condition as the primary diagnosis and V58.69 as secondary. For example, 338.21 (Chronic pain due to trauma) or 721.3 (Lumbosacral spondylosis without myelopathy) could be linked as the primary condition and V58.69 linked as the second diagnosis code. Review the payer's coverage policy for covered diagnosis codes and to verify if your provider's documentation supports reporting an alternate ICD-9 code.

Also note: Because you're reporting a more general diagnosis code, it's important to establish medical necessity for requesting a urine drug screening. This could either be for a general screening drug test or to screen for a specific drug based on known history of drug use or signs and symptoms manifested by the patient.